

APPENDIX A. Survey Forms



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM

TC-9501

1987 CENSUS OF TRANSPORTATION TRUCK INVENTORY AND USE SURVEY

OMB APPROVAL NO. 0607-0582; EXPIRES 12/89

NOTICE — Response to this inquiry is required by law (title 13, U.S. Code). By the same law, your report to the Census Bureau is confidential. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

Please complete this form and RETURN TO

BUREAU OF THE CENSUS
1201 East Tenth Street
Jeffersonville, Indiana 47134

DUE DATE: 15 days after receipt of form

Important — Please read

All questions on this form refer to the vehicle described below and its use during 1987. If you did not own the vehicle during 1987, please continue with the questionnaire answering each item according to how you used the vehicle during the last 12 months you owned (or leased) it. If there are errors in the vehicle registration information, consult the instruction sheet before continuing with the questionnaire.

ESTIMATES ARE ACCEPTABLE.

In correspondence pertaining to this report, please refer to this Census File Number (CFN)

Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

CENSUS USE	1	2	3	4	5	6	7
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REGISTRATION INFORMATION

Make of vehicle	Year of model	State	License number	Vehicle identification number (VIN)
101	102	103	104	105

Item 1 — When did you obtain this vehicle?

Enter figures only

110 Month Year

Item 2 — How did you obtain this vehicle?

- 111 1 ☐ Purchased it new } SKIP to item 3
2 ☐ Purchased it used (or otherwise acquired)
3 ☐ Leased or rented it FROM someone else — Continue with items 2a and b

a. How was this vehicle leased or rented?

- 112 1 ☐ Without a driver
2 ☐ With a driver other than an owner-operator
3 ☐ With an owner-operator as driver

b. Was the agreement for 12 months or more?

- 113 2 ☐ NO
1 ☐ YES — Which of the following did the leasing agreement include?
Mark (X) all that apply
114 ☐ Financing only (Do not mark if installment sales contract)
115 ☐ Full maintenance
116 ☐ Maintenance on specified parts only
117 ☐ Payment on taxes
118 ☐ Obtaining licenses and permits
119 ☐ Recordkeeping for leased trucks
120 ☐ Other — Specify

Item 3 — Is this vehicle still in your possession?

- 206 1 ☐ YES — Are you the — 207 1 ☐ owner? } SKIP to item 4 and continue with questionnaire
2 ☐ lessee?
2 ☐ NO — Please continue with this questionnaire, answering each item according to how you used the vehicle during the last 12 months you owned (or leased) it. Continue with items 3a and b.

a. When did you dispose of this vehicle?

Enter figures only

208 Month Year

b. How did you dispose of this vehicle?

- 209 1 ☐ Sold it (or gave it away)
2 ☐ Junked, scrapped, or otherwise destroyed
3 ☐ Returned to leasing company

Item 9 — Continued

333 Pounds

c. What was the loaded weight of the trailer most often attached to the vehicle?

An estimate is acceptable.

335 Inches

d. What was the width of the trailer most often attached to the vehicle?

Item 10 — How many miles was this vehicle driven during 1987?

An estimate is acceptable.

400 Miles

Item 11 — How many miles has this vehicle been driven since it was manufactured?

401 Miles

NOTE — If it is no longer in your possession, please estimate the total lifetime mileage at the time you last operated it.
If the odometer/speedometer is broken, please give your best estimate.
If the odometer has turned over (100,000+ miles), please enter the total figure.

Item 12 — How many miles-per-gallon (MPG) did this vehicle average during 1987? (Use tenths, if available.)

402 Miles Tenths

Example: 10.5 MPG should be entered as Miles 10 Tenths 5 Enter miles per gallon

Item 13 — Where was the home base of this vehicle on July 1, 1987?

If put into service after July 1, 1987, enter current home base.

404 City

405 County

406 State

407 ZIP Code

Item 14 — What percent of annual mileage was driven OUTSIDE the home base state?

An estimate is acceptable. (If none, enter zero.)

408

%

Item 15 — What PERCENTAGE of this vehicle's ANNUAL MILEAGE was accounted for by the type of trips listed below? (If all trips were within one range, enter 100%. If more than one range is applicable, be sure that percentages add up to 100%.)

Trips off-the-road, little travel on public roads	409	%
Trips less than a 50 mile radius of vehicle's home base	410	%
Trips within a 50–200 mile radius of vehicle's home base	411	%
Trips beyond a 200 mile radius of vehicle's home base	412	%
TOTAL — Should equal 100%	100%	

<p>Item 4 — Did you lease or rent out this vehicle TO anyone else?</p> <p>210 1 <input type="checkbox"/> YES — Continue with items 4a and b 2 <input type="checkbox"/> NO — SKIP to item 5</p> <p>a. How was it leased or rented out?</p> <p>211 1 <input type="checkbox"/> Without a driver 2 <input type="checkbox"/> With a driver other than an owner-operator 3 <input type="checkbox"/> With an owner-operator as driver</p> <p>b. Was the agreement for 12 months or more?</p> <p>213 2 <input type="checkbox"/> NO 1 <input type="checkbox"/> YES — Which of the following did the leasing agreement include? Mark (X) all that apply</p> <p>214 <input type="checkbox"/> Financing only (Do not mark if installment sales contract) 215 <input type="checkbox"/> Full maintenance 216 <input type="checkbox"/> Maintenance on specified parts only 217 <input type="checkbox"/> Payment of taxes 218 <input type="checkbox"/> Obtaining licenses and permits 219 <input type="checkbox"/> Recordkeeping for leased trucks 220 <input type="checkbox"/> Other — Specify _____</p> <p>Item 5 — What is the body type of this vehicle?</p> <p>311 01 <input type="checkbox"/> Pickup 28 <input type="checkbox"/> Mini-van 02 <input type="checkbox"/> Van other than mini-van 24 <input type="checkbox"/> Utility (For example: Bronco, Blazer, Jeep, CJ-5, 7, etc.) 25 <input type="checkbox"/> Station wagon built on truck chassis (For example: Suburban, Wagoneer, etc.) 80 <input type="checkbox"/> Other — If the above descriptions do not match the body type of this vehicle, please describe the body type in detail. _____</p> <p>Item 6 — How many axles are on this vehicle and how many of them are driving axles? (Do not include axles on any trailers pulled.)</p> <p>a. Total number of axles on truck (include front and rear axles)</p> <p>316 1 <input type="checkbox"/> Two axles (4 tires) 3 <input type="checkbox"/> Three axles 2 <input type="checkbox"/> Two axles (6 tires) 4 <input type="checkbox"/> Four or more axles</p> <p>b. Number of driving (powered) axles on truck</p> <p>318 1 <input type="checkbox"/> One driving axle 2 <input type="checkbox"/> Two driving axles 3 <input type="checkbox"/> Three or more driving axles</p> <p>Item 7 — What is the overall length of this vehicle or vehicle and trailer (if a trailer was pulled more than 50 percent of the annual miles)? Report distance from front bumper to rear of vehicle or trailer, whichever is applicable.</p> <p>325 _____ Feet</p> <p>Item 8a — What was the average weight (empty weight plus weight of cargo) of this vehicle as it was usually operated? An estimate is acceptable.</p> <p>327 _____ Pounds</p> <p>b. What percent of annual mileage did this vehicle carry no payload? _____ %</p> <p>c. What percent of annual mileage did this vehicle carry payloads that —</p> <p>(1) filled its maximum cargo size? _____ %</p> <p>(2) weighed the maximum cargo weight? _____ %</p> <p>Item 9 — During 1987, did you attach any trailers to this vehicle?</p> <p>301 1 <input type="checkbox"/> YES — Continue with items 9a, b, c, and d below 2 <input type="checkbox"/> NO — SKIP to item 10</p> <p>a. What percent of annual mileage did this vehicle pull a trailer? If less than 50 percent, skip to item 10.</p> <p>302 _____ %</p> <p>b. How many axles were on the trailer unit which you attached most frequently to the vehicle?</p> <p>303 _____</p>	<p>Item 16 — Not applicable to this form.</p> <p>Item 17 — What is the horsepower rating of this vehicle's engine? 341 _____ Horsepower</p> <p>Item 18 — What is the size (displacement) of this vehicle's engine? Enter cubic inches, cubic centimeters, or liters, whichever is applicable.</p> <p>342 Cubic inches (CI) _____ OR 343 Cubic centimeters (CC) _____ OR 344 Liters (L) _____</p> <p>Item 19 — What kind of fuel does this vehicle use?</p> <p>345 1 <input type="checkbox"/> Gasoline 4 <input type="checkbox"/> Other — Specify fuel _____ 2 <input type="checkbox"/> Diesel 3 <input type="checkbox"/> Liquefied petroleum gas (LPG)</p> <p>Item 20 — Does this vehicle have any of the following? Mark (X) all that apply.</p> <p>354 <input type="checkbox"/> Radial tires 359 <input type="checkbox"/> Air conditioning 358 <input type="checkbox"/> Power steering 365 <input type="checkbox"/> Front-wheel drive</p> <p>Item 21 — Who performed the general maintenance and major overhauls on this vehicle? Mark (X) all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">General maintenance</th> <th style="text-align: center;">Major overhauls</th> </tr> </thead> <tbody> <tr> <td>Yourself</td> <td style="text-align: center;">370 <input type="checkbox"/></td> <td style="text-align: center;">378 <input type="checkbox"/></td> </tr> <tr> <td>Your company's own maintenance facilities</td> <td style="text-align: center;">371 <input type="checkbox"/></td> <td style="text-align: center;">379 <input type="checkbox"/></td> </tr> <tr> <td>Dealership's service department</td> <td style="text-align: center;">372 <input type="checkbox"/></td> <td style="text-align: center;">380 <input type="checkbox"/></td> </tr> <tr> <td>Leasing company</td> <td style="text-align: center;">373 <input type="checkbox"/></td> <td style="text-align: center;">381 <input type="checkbox"/></td> </tr> <tr> <td>Independent garage or private mechanic (includes gasoline or service stations)</td> <td style="text-align: center;">374 <input type="checkbox"/></td> <td style="text-align: center;">382 <input type="checkbox"/></td> </tr> <tr> <td>Component distributorship (engine, transmission, etc.)</td> <td style="text-align: center;">375 <input type="checkbox"/></td> <td style="text-align: center;">383 <input type="checkbox"/></td> </tr> <tr> <td>No one</td> <td style="text-align: center;">376 <input type="checkbox"/></td> <td style="text-align: center;">384 <input type="checkbox"/></td> </tr> <tr> <td>Other — Specify _____</td> <td style="text-align: center;">377 <input type="checkbox"/></td> <td style="text-align: center;">385 <input type="checkbox"/></td> </tr> </tbody> </table> <p>Item 22a — Which of the following best describes the primary way this vehicle was operated?</p> <p>501 1 <input type="checkbox"/> BUSINESS USE — Operated by and for a private business (including self-employers) or a company; used in related activities of that business (including transportation of employees) — SKIP to item 23 2 <input type="checkbox"/> PERSONAL TRANSPORTATION — Operated as a personal-use vehicle in place of an automobile for pleasure driving, travel to work, etc. (NO BUSINESS USE) — SKIP to item 26 3 <input type="checkbox"/> FOR HIRE — SKIP to item 22b 4 <input type="checkbox"/> DAILY RENTAL (Not motor carrier) — SKIP to item 23 5 <input type="checkbox"/> MIXED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">502</th> <th style="text-align: center;">%</th> </tr> </thead> <tbody> <tr> <td>Percent business use</td> <td style="text-align: center;">502</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Percent personal use</td> <td style="text-align: center;">503</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Percent for hire (includes intercorporate hauling and trip leasing, etc.)</td> <td style="text-align: center;">504</td> <td style="text-align: center;">%</td> </tr> </tbody> </table> <p style="text-align: center;">Complete b below</p> <p>b. If this vehicle was for hire, indicate below the type of for hire operation. Enter percentage of mileage for each category. (See instruction sheet for further information and definitions.)</p> <p>(1) Operation type</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">506</th> <th style="text-align: center;">%</th> </tr> </thead> <tbody> <tr> <td>MOTOR CARRIER</td> <td style="text-align: center;">506</td> <td style="text-align: center;">%</td> </tr> <tr> <td>OWNER OPERATOR as an independent</td> <td style="text-align: center;">507</td> <td style="text-align: center;">%</td> </tr> <tr> <td>leased to a company</td> <td style="text-align: center;">508</td> <td style="text-align: center;">%</td> </tr> </tbody> </table> <p>(2) Jurisdiction served</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">509</th> <th style="text-align: center;">%</th> </tr> </thead> <tbody> <tr> <td>INTERSTATE</td> <td style="text-align: center;">509</td> <td style="text-align: center;">%</td> </tr> <tr> <td>INTRASTATE</td> <td style="text-align: center;">510</td> <td style="text-align: center;">%</td> </tr> <tr> <td>LOCAL</td> <td style="text-align: center;">511</td> <td style="text-align: center;">%</td> </tr> </tbody> </table> <p>(3) Kind of carrier</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">512</th> <th style="text-align: center;">%</th> </tr> </thead> <tbody> <tr> <td>CONTRACT</td> <td style="text-align: center;">512</td> <td style="text-align: center;">%</td> </tr> <tr> <td>COMMON</td> <td style="text-align: center;">513</td> <td style="text-align: center;">%</td> </tr> <tr> <td>EXEMPT</td> <td style="text-align: center;">514</td> <td style="text-align: center;">%</td> </tr> </tbody> </table> <p>518 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO</p> <p>(4) Was this vehicle operated under ICC authority?</p>		General maintenance	Major overhauls	Yourself	370 <input type="checkbox"/>	378 <input type="checkbox"/>	Your company's own maintenance facilities	371 <input type="checkbox"/>	379 <input type="checkbox"/>	Dealership's service department	372 <input type="checkbox"/>	380 <input type="checkbox"/>	Leasing company	373 <input type="checkbox"/>	381 <input type="checkbox"/>	Independent garage or private mechanic (includes gasoline or service stations)	374 <input type="checkbox"/>	382 <input type="checkbox"/>	Component distributorship (engine, transmission, etc.)	375 <input type="checkbox"/>	383 <input type="checkbox"/>	No one	376 <input type="checkbox"/>	384 <input type="checkbox"/>	Other — Specify _____	377 <input type="checkbox"/>	385 <input type="checkbox"/>		502	%	Percent business use	502	%	Percent personal use	503	%	Percent for hire (includes intercorporate hauling and trip leasing, etc.)	504	%		506	%	MOTOR CARRIER	506	%	OWNER OPERATOR as an independent	507	%	leased to a company	508	%		509	%	INTERSTATE	509	%	INTRASTATE	510	%	LOCAL	511	%		512	%	CONTRACT	512	%	COMMON	513	%	EXEMPT	514	%
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Continue on reverse →

Item 23 — Which of the following best describes your business (or the part of your business in which the vehicle was used)? If vehicle was leased, indicate business of lessee.

- 525 01 ☐ AGRICULTURAL ACTIVITIES (including fisheries)
 02 ☐ FORESTRY OR LUMBERING ACTIVITIES
 03 ☐ CONSTRUCTION WORK — buildings, homes, roads, structures, etc.
 04 ☐ CONTRACTOR ACTIVITIES OR SPECIAL TRADES — painting, plumbing, electrical work, masonry, carpentry, etc.
 05 ☐ MANUFACTURING, REFINING, OR PROCESSING ACTIVITIES
 06 ☐ WHOLESALE TRADE
 07 ☐ RETAIL TRADE
 08 ☐ BUSINESS AND PERSONAL SERVICES — used to assist in such services as lodging operations, landscaping, repair (except plumbing, electrical work, etc. — See "Contractor Activities"), laundry, advertising, entertainment, etc.
 09 ☐ UTILITIES — Used to assist in operation or service of public utilities (telephone, gas, electric, etc.)
 10 ☐ MINING OR QUARRY ACTIVITIES (includes well drilling) — used to assist in the extraction of natural resources or in hauling to processors
 11 ☐ DAILY RENTAL — rented out, without a driver, to someone else on a daily or short-term basis
 16 ☐ ONE-WAY RENTAL
 12 ☐ GOVERNMENTAL OPERATIONS
 13 ☐ NOT IN USE — vehicle idle, wrecked, awaiting repair, etc., for more than 90 days
 14 ☐ FOR HIRE TRANSPORTATION — including small package delivery
 15 ☐ OTHER — Please describe in detail. /

Item 24 — From the following list of products, materials, and equipment, indicate which item or items this vehicle carried. Write in the approximate percentage of the vehicle's annual mileage that was accounted for while carrying loads. (See instruction sheet for further explanation and examples.)**Products, equipment, materials, etc.****(1) AGRICULTURAL AND FOOD PRODUCTS**

- (a) Live animals — cattle, horses, poultry, hogs, live seafood, insects, etc. . . . 526 %
 (b) Fresh farm products — grain, crops, flowers, nursery stock, raw milk, raw tobacco, etc. . . . 527 %
 (c) Processed foods and tobacco products — canned goods, prepared meats, frozen foods, beverages, bottled water, dairy products, cigarettes, etc. . . . 528 %
 (d) Processed foods and tobacco products — canned goods, prepared meats, frozen foods, beverages, bottled water, dairy products, cigarettes, etc. . . . 529 %

(2) MINING PRODUCTS, UNREFINED — crude oil, coal, metal ores 530 %**(3) BUILDING MATERIALS — gravel, sand, concrete, flat glass, etc. (except cut lumber — See "Lumber.") 531 %****(4) FORESTRY, WOOD, AND PAPER PRODUCTS**

- (a) Logs and forest products — except cut lumber and fabricated wood products (See below.) 532 %
 (b) Lumber and fabricated wood products — except furniture (See (7) below.) 533 %
 (c) Paper and paper products 534 %

(5) CHEMICALS, PETROLEUM, AND ALLIED PRODUCTS

- (a) Chemicals and/or drugs (including fertilizers, pesticides, cosmetics, paints, etc.) 535 %
 (b) Petroleum and petroleum products (including paving and roofing materials) 536 %
 (c) Plastics and/or rubber products 537 %

(6) METALS AND METAL PRODUCTS

- (a) Primary metal products — pipes, ingots, billets, sheets, etc. 538 %
 (b) Fabricated metal products — except machinery or transportation equipment (See below.) 539 %
 (c) Machinery — electrical or nonelectrical and electronic 540 %
 (d) Transportation equipment (including complete vehicles) and parts 541 %

(7) OTHER MANUFACTURED PRODUCTS

- (a) Furniture (wood and nonwood) and/or hardware — not involved in household moving 542 %
 (b) Glass products 543 %
 (c) Textiles and apparel — fibers, leather goods, carpets, clothing, etc. 544 %
 (d) Miscellaneous products of manufacturing — including photographic goods, watches, clocks, jewelry, and toys 545 %

(8) MISCELLANEOUS

- (a) Moving of household and office furniture — from home, offices, etc., under contract 546 %
 (b) Miscellaneous tools and/or parts for specialized use, as in a craftsman's vehicle — traveling workshop for plumbers, carpenters, road service crews, etc. 547 %
 (c) Mixed cargo, general freight (including the delivery of small packages) 548 %
 (d) Scrap, garbage, trash, septic tank waste 549 %
 (e) Industrial water 550 %
 (f) Hazardous waste 551 %

(9) OTHER (not elsewhere classified) — Please describe in detail. /

%

Item 25 — At any time during 1987 was this vehicle (or combination) used to haul hazardous materials in quantities large enough to require a special placard placed on the vehicle due to the Code of Federal Regulations, title 49, Transportation?

- 552 1 ☐ YES — Continue with items 25a and b
 2 ☐ NO — SKIP to item 26

a. What type(s) of hazardous materials were carried by this vehicle? Mark (X) all that apply.**Hazardous Materials**

- 553 ☐ Flammable liquids
 554 ☐ Combustible liquids
 555 ☐ Corrosive liquids
 556 ☐ Poison B solids
 557 ☐ Poison B liquids
 558 ☐ Flammable solids
 559 ☐ Oxidizers
 560 ☐ Flammable gas
 561 ☐ Nonflammable gas
 562 ☐ Poison A
 563 ☐ Corrosive solids
 564 ☐ Explosives, A or B
 565 ☐ Blasting agents
 566 ☐ Radioactive materials
 567 ☐ ORM — A, B, or C
 568 ☐ ORM E
 569 ☐ Hazardous materials not listed above — Specify /

b. Approximately what percent of this vehicle's annual mileage was accounted for by carrying these hazardous materials?

- 570 1 ☐ Below 10%
 2 ☐ 10—24%
 3 ☐ 25—49%
 4 ☐ 50—74%
 5 ☐ 75—100%

Item 26a — Was this truck or power unit involved in any accidents during 1987?

- 580 1 ☐ YES — Continue with item 26b
 2 ☐ NO — SKIP to item 27

b. If this truck or power unit was involved in any accidents during 1987, how many —

- (1) involved a fatality? 581
 (2) involved no fatalities, but involved bodily injury requiring medical treatment? 582
 (3) involved property damage of \$4,200 or more? 583

Item 27 — Please enter below the number of any ADDITIONAL trucks and/or trailers you own and/or operate at the same home base you listed in item 13.

- 571
 a. Pickups, small vans (includes mini-vans) 572
 b. Straight trucks 573
 c. Truck-tractors (power units) 574
 d. Trailers (semi- and/or full) 575
 e. Converter dollies

Item 28 — Please enter below Employer Identification (EI) Number if vehicle owned by company or Social Security Number (SSN) if vehicle owned by individual.

EI
 or
 SSN

Item 29 — REMARKS — Please use this space for any explanations that may be essential in understanding your reported data.

Item 30 — Person to contact regarding this report

Does this person have records on (or knowledge of) the daily activities of driver (stops, weight of individual shipments, destinations of shipments, etc.)?

1 ☐ YES
2 ☐ NO

Name				Address (Number and street)	
City				State	ZIP Code
Daytime telephone number →	Area code	Number	Extension, if any	If this vehicle has a fleet number, please enter it here →	576